

**OFM Training Registration Form  
OFM FACS  
(R\*STARS, ADPICS, RMDS)**

Please fill out the form completely and return to your Department Training Coordinator (if required) or to:

DMB OFM Support Services	Phone: (517) 241-7726
Romney Building, Fifth Floor	Fax: (517) 373-0297
111 S. Capitol	
Lansing, MI 48913	

**ABOUT YOU AND YOUR WORK SITE**

**PLEASE PRINT**

Name: (Last, First, Middle Initial)		Employee Identification Number:	
Department: (i.e., OSB/OFM)		Division: (i.e., Support Services)	
Section: (i.e., Training)		Office Street Address, Including Zip Code:	
Building & Floor: (i.e., Romney Bldg., 5 <sup>th</sup> Floor)		ID Mail Run: (i.e., Lansing, Southwest, US Postal)	
Civil Service Classification: (i.e., Secretary, Analyst)		Supervisor's Name & Phone Number:	
Work Phone Number:		*Home Phone Number: (See Note Below)	
E-mail Address:		FAX Number:	

**ABOUT YOUR SPECIAL NEEDS**

Do You Need Special Assistance To Take Classes (Describe)?

Do You Need A Signer? Yes \_\_\_\_ No \_\_\_\_

Do You Need Someone To Read? Yes \_\_\_\_ No \_\_\_\_

Other \_\_\_\_\_

Approval of Department Training Coordinator

(Signed) \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_ - \_\_\_\_\_

Dates that you **CANNOT** attend training during the next THREE months

**FACS COURSE REQUESTS**

<u>Course</u>	<u>Date</u>	
	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice
AD02	_____	_____
AD04.1	_____	_____
AD17R	_____	_____
AD04.2	_____	_____
AD08A	_____	_____
AD19A	_____	_____
AD14A	_____	_____
AD11B	_____	_____
AD06C	_____	_____
AD09R	_____	_____
<b><u>OTHER:</u></b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* Unless completed, we will not be able to reach you at home for notification of a canceled class.